ESTIMATED TRAVEL EXPENSES

(To Accompany Requests for Approval of Travel)

Name__________________________________________________________

Period of Leave________________________________________________

Purpose of Trip________________________________________________

(If program participant, attach copy of program or letter of invitation.)

Destination:________________________________ Meeting Site:____________________

Source of Funds for Support of Travel:  (a) University____  (b) Non-University____

If (b), describe source______________________________________________

Itemize Estimated Costs:

Travel:  Car, Plane, Train, Bus $_________

Lodging:______ days @ $_________

Meals:______ @ __________ $_________

Registration_____________________ $_________

Luncheons or Banquets______ @ __________ $_________

Taxis, Limousine $_________

Miscellaneous: (Specify) $_________

$_________

TOTAL ESTIMATED COST $_________

Signed:________________________________ Date__________________

(Name of Traveler)